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**FAX COVER SHEET**

From: Neil R. Jetter

Date: July 1, 2005

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re: Application of SINGH

Serial No.: 10/646,157

Examiner: ELEY, TIMOTHY V.

Date Filed: August 22, 2003

Group: 3724

For: CHEMICAL-MECHANICAL POLISHING SLURRY FOR POLISHING OF METAL FILMS

Docket No. 5853-388

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Client/Matter No: 24833.110345 8543

{WP225457;1}

PTO/SB/21 (02-04)

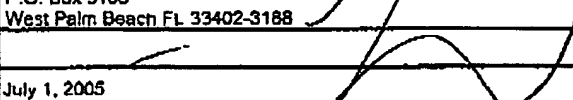
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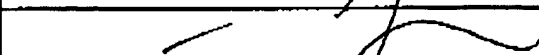
<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	Application Number	10646,157	
	Filing Date	August 22, 2003	
	First Named Inventor	SINGH, Rajiv K.	
	Art Unit	3724	
	Examiner Name	ELEY, Timothy V	
Total Number of Pages in This Submission	6	Attorney Docket Number	5853-388

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<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
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Firm or Individual name	Akerman Senterfitt/Neil R. Jetter, Reg. No. 48,803 P.O. Box 3188 West Palm Beach FL 33402-3188
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Date	July 1, 2005

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Sir:

This time filed Reply is in response to the Office Action regarding restriction mailed June 15, 2005.

A complete claim listing showing claims cancelled herein begins on page 2.

Remarks begin on page 5.

{WP244137;1}